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PERMANENT OCCLUSION OF THE COMMON GALL-DUCT—CHRONIC
HEPATITIS—DEATH—AUTOPSY.

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[Communicated for the Boston Medical and Surgical Journal.]

A. C., æt. 50, manufacturing chemist, born in Scotland, of bilious-sanguine temperament, so called, naturally strong constitution, stout but not corpulent, temperate though not abstemious in his habits; height, 5 feet 10½ inches; average weight, 185 pounds. In April, 1863, he became my patient for dyspeptic symptoms, which had attacked him rather suddenly. His health for many years had been perfectly good, and with the exception of an acute bronchial affection, for which he kept the house for a fortnight during the autumn of 1862, and a lameness in right chest, induced by a fall from his carriage and disappearing in a few days, his previous history presented nothing remarkable. A careful exploration of the chest revealed no disease of the thoracic viscera. The symptoms were—pyrosis, cardialgia and deficient appetite, with furred tongue, costive bowels and acid eructations. Simple treatment was advised, namely, a regulated diet, a few grains of blue pill followed by Rochelle powder, and subsequently bismuth, soda and the simple bitters. He had been accustomed to take a glass of mild ale with dinner, and once a week to dine with Scotch friends and to indulge in a genial glass of the smoky-flavored whiskey for which his native land is famed. From these indulgences he was enjoined to desist. A few weeks later, his condition having improved, though the dyspeptic symptoms had not wholly disappeared, he was advised to try a change of air, in the belief that a journey, with relaxation from business cares, would fully restore his health. Accordingly, he passed nearly two months in the State of Maine.

On his return, I was disappointed in finding him worse than when he left home, notwithstanding he had paid strict attention to diet, regimen, &c., and abstained from stimulants. A few days afterwards, jaundice appeared unexpectedly, without aggravation of his previ-

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ous symptoms. The epigastrium was found somewhat tender on pressure, but a careful examination of the hepatic region, covered as it was by more than two inches of adipose tissue, failed to detect either enlargement of the liver or a distended gall-bladder. There was no complaint of pain, and the epigastric tenderness above mentioned was so slight as to have escaped the patient's notice. Disrelish for food, languor, inaptitude for mental or bodily exertion, a sense of weariness in the limbs, and irritability of temper, unusual in a man of easy disposition and especially annoying to himself, were the principal subjective symptoms. The pulse was full and slow, ranging between 54 and 60. The bowels were usually confined, and when open the stools were clay-colored, loose and frequent. The conjunctivæ, skin and urine presented the appearance usual in jaundice, but the obstinate character of the precursory dyspeptic symptoms rendered the case peculiar. Gentle saline purgatives, diaphoretics, baths, rest and regulated diet were for a fortnight tried without avail. Then, according to the plan recommended by Dr. James Jackson, eight leeches were placed over the point where the common duct opens into the duodenum. The leeches were followed by a large blister, but no relief was experienced.

At my request, the patient was now seen by Dr. John Ware, who thought that he could discover at the spot where the leeches had been applied a circumscribed, deep-seated induration, the result either of inflammatory action or incipient malignant disease, probably the latter. He suggested that the patient should be gradually brought under the influence of mercury, and so kept for some time. Gentle ptyalism was induced in about two weeks by the daily administration of calomel (gr. ss.) and ext. conii maculati (gr. v.), taken in pill at bed-time. As soon as the gums became tender and the characteristic odor of the breath was perceived, the medicine was discontinued for a few days, and then resumed in the dose of one pill every alternate night. This course, which was commenced in November, 1863, was pursued till the close of February, 1864, when, the jaundice having perceptibly abated, and the stools having become more natural, the external and internal use of nitro-muriatic acid was substituted for the mercurial treatment.

Early in March, A. C., at my suggestion, took passage for Scotland, in the hope that travelling for several months would completely restore his health, already apparently much improved. To obviate constipation during the voyage, he was directed to take a wineglass of sea-water three times a day. I advised that on his arrival in Scotland he place himself under the best medical care. He took with him a full description of his case, with the treatment pursued, and was warned on no account to submit to a second course of mercury, both Dr. Ware and myself agreeing that no farther benefit could be expected from that drug. On reaching Glasgow, A. C. became the patient of an eminent physician of that city, who then filled

the chair of Pathology in its Medical University. Soon after, I received a letter from him, stating that his disease was vaguely diagnosed as "liver complaint." The letter enclosed the prescriptions of his medical attendant, in which hydrargyrum cum cretâ and quinine predominated. Against this treatment I sent a written remonstrance, which induced A. C. to leave off mercury.

He reached home early in August, and again placed himself under my care. I learned that, during both passages, he had suffered from seasickness, and had vomited freely, but that the matters thrown off had "never once tasted bitter nor looked like bile." He had repeatedly examined his stools and found them clay-colored, except when tinged by some article of diet. His complexion was still jaundiced, although his appetite was good, and he had gained considerably in weight. The pulse was slow, the alvine dejections clay-colored, the urine loaded with bile, and the skin, especially of the face, the seat of a lichenoid eruption, attended with intolerable itching, which deprived him of sleep. The whole category of anodynes were tried in succession, and abandoned, either because they disagreed or failed to allay the pruritus.

During September, patient emaciated rapidly, and enlargement of the liver began to take place. At first, the lower border of the right lobe could be distinguished just below the ribs, and in less than a fortnight the hepatic tumor had descended to the level of the umbilicus, and reached, superiorly, the lower border of the fourth rib, as was evident by percussion. The enlargement of the liver was accompanied by pain and tenderness on pressure, which were relieved by leeching, hot fomentations and external application of iodine. Through the abdominal parietes, the hepatic swelling felt smooth, uniform, firm but not hard, the lower border well defined and tolerably sharp; as yet there was no marked enlargement of the left lobe; a slight, though distinct, fluctuation showed the presence of effusion to a moderate degree, but too inconsiderable to constitute ascites. The pruritus daily grew more troublesome, and, with the failing strength of the patient, caused his principal annoyance. This symptom was partially relieved by bathing the affected parts with chloric ether, but a more effectual remedy was afforded by destroying with the nails the papules of lichen as fast as they appeared. Abscesses of an indolent character, occupying the pinnæ of the ears and portions of the face, now began to form in quick succession, and, on discharging, voided pus deeply tinged with bile.

Dr. Ware having deceased, at the suggestion of the patient Dr. M. Wyman was seen in consultation, Sept. 26th, 1864. After repeated examinations, Dr. W. diagnosticated probable cancer of the liver, and proposed a course of iodide of iron in the form of Blanchard's pills. At Dr. W.'s request, the diagnosis of cancer was communicated to the patient and his family. This view of the case was objected to by them, partly from reluctance to admit the existence of

malignant disease, partly because such a diagnosis was at variance with the opinion which they had previously elicited from me, namely, that the primary lesion was of an inflammatory character and had produced closure of the common duct, and that the disease of the liver was a secondary affection, caused by the prolonged disturbance to the functions of the organ in consequence of the obstruction.

One year and a half had now elapsed since the initiatory dyspepsia, and a year since the supervention of jaundice. The disease was therefore clearly removed from the category of acute affections, and must be classed among the chronic diseases of the liver attended with jaundice and progressive enlargement of the organ, but without ascites. The principal chronic diseases of the liver attended with enlargement are—1, simple hypertrophy; 2, chronic congestion; 3, chronic hepatitis; 4, abscess of the liver; 5, fatty liver; 6, waxy do.; 7, syphilitic do.; 8, cancer of the liver; 9, hydatids.

These diseases are usually attended with little or no jaundice, and in this particular differ materially from the present case, during which jaundice had persisted in an aggravated form. Little difficulty was experienced in excluding from the question of the diagnosis all the above disorders, except cancer and chronic hepatitis. The case presented symptoms common to both, but was complicated with a more marked degree of jaundice than usually attends either.

On the one hand, militating against the diagnosis of cancer were, the perfectly smooth outlines of the hepatic tumor, the absence of nodules of various sizes developed in its substance, and of swollen jugular glands, on whose existence Virchow lays stress as a mark of distinction between the cancerous and the non-malignant enlargements of the liver.

On the other hand, chronic inflammation of the liver is almost unknown, except in hot climates; moreover, the fact that extreme latitude has been given to the term chronic hepatitis, and that the pathognomonic symptoms, if any exist, of the disease properly so called, have not yet been determined, added to the obscurity of the case, and rendered an exact diagnosis difficult, if not impossible.

Restricting the application of the term chronic hepatitis to that state in which the liver is "augmented in size, harder than natural yet easily torn, of deep red color, and in which the exudation is very apt to become purulent, we have these manifestations:—dull, heavy pain in the hepatic region, somewhat augmented by pressure; dry, heated skin, of sallow hue, and often the seat of distressing itching, a yellowish conjunctiva, indigestion, whitish stools generally hard, a short cough and the physical signs on palpation and percussion of an enlarged liver, the border of which is uniformly thickened and hardened."

There could scarcely be given a more graphic description of the condition of my patient, after his case became confirmed. It will be shown how nearly the *post-mortem* appearances coincided with those of chronic inflammation of the liver, as above stated.

In October, 1864, I accompanied my patient to New York city for the purpose of obtaining Prof. Alonzo Clark's opinion of the nature of the difficulty. Prof. C., together with Prof. Willard Parker, saw the case several times, and both expressed the conviction that the disease was *not* cancer of the liver, but chronic inflammation produced by permanent occlusion of the common duct, the cause of which was involved in obscurity, though probably inflammatory. They gave an unfavorable prognosis, and confessed themselves unable to make any suggestion as to the treatment other than to persevere in the use of the iodide of iron.

A few weeks after his return home, A. C., discouraged by the unfavorable aspect of the case, resolved to try the virtues of homœopathy, and accordingly placed himself under the care of a disciple of Hahnemann, by whom he was treated with full doses of mandrake, and vigorous counter-irritation over the region of the liver with croton oil, a mode of treatment not recommended, so far as I can find, in the "*Novum Organon*." Unfortunately, he did not reap the benefit which he anticipated, and, early in the spring of 1865, again placed himself under the care of a regular practitioner—Dr. S., of Clinton, Mass. His new adviser diagnosticated obstruction of the common duct by gall-stones or inspissated bile, and with the purpose of expelling the impacted substance, sought to excite an extraordinary flow of bile by the use of sulphate of manganese, which is regarded by some authorities as a powerful cholagogue. After this remedy had been taken for several weeks in small doses, as a tonic and alterative, an attempt was made to act energetically upon the liver by very large ones. Half an ounce of the drug was given every twenty-four hours, in divided doses of a drachm each, resulting in moderate action of the bowels, great prostration of strength, severe pain in the region of the liver, and a remarkable deepening of the jaundiced color of the skin and conjunctivæ. This was attributed by the physician to the increased secretion of bile produced by the medicine and absorbed into the circulation. The manganese was followed by a brisk cathartic. The stools having been brought to me to be tested for the presence of bile, only the faintest trace could be detected, derived undoubtedly from the intestinal secretions. The same course was repeated four times, at intervals of a week, affecting the patient more severely each time, but no bile appeared in the stools. After the fourth trial, which brought on double pneumonia, the patient growing skeptical as to the existence of impacted gall-stones in his common duct, again sent for me.

I found the lower lobe of the right lung, and two-thirds of the left lung hepatized. A day or two later, he was visited by Dr. Wyman, who now judged, from its long continuance, that the disease could not be cancer, as he had once believed. The treatment consisted in supporting the patient's strength with beef-tea and wine whey. The pneumonia gradually disappeared, so that in the pleasant wea-

ther of June, although very feeble, and having lost more than fifty pounds' weight, he was able to ride out.

Near the middle of July, he went to the sea-shore. Soon after, hæmorrhage from the gums and eyelids indicated that his protracted sufferings would soon close. About this time, a roundish, elastic and prominent swelling, of the size of a small apple, having an indistinct fluctuation, and attended by severe pain and inability to use the left arm, appeared just below the spine of the left scapula. It was evident that deep-seated hæmorrhage had taken place. The patient's aversion to anodynes being so great that he preferred to suffer rather than take them, it was found impossible to relieve his distress. On the morning of August 10th, he partook of a light breakfast with some relish. Afterwards, his mind, which up to this time had been perfectly clear, failed, and he gradually sank into a state of profound coma, which continued until he died, at 1½ o'clock, A.M., August 11th.

At 3 o'clock, P.M., an autopsy was made, of which the following is the record:—Body much emaciated, complexion pale lemon-yellow; *rigor mortis* scarcely marked. Opening the post-scapular swelling, it was found to contain four ounces of coagulated blood and a like quantity of serum. On making the usual incision over the thoracic and abdominal viscera, several small collections of coagulated blood and serum were exposed. Thoracic contents healthy, except the heart, which was in a state of fatty degeneration, and quite empty. The abdomen contained nine ounces of serous fluid, somewhat deeply tinged with bile. Liver much enlarged, especially the right lobe, weighing nine pounds; color pale reddish-yellow, the entire organ being in a state of chronic inflammation, portions of it on the point of breaking down into pus; gall-bladder rather larger than natural, containing half an ounce of thin, yellow fluid; gall-ducts healthy and pervious, except just at the point where the common duct opens into the duodenum, where it was surrounded and compressed by an indurated mass the size of an English walnut, of somewhat irregular surface, pale-yellow color, firm consistence, slightly elastic. This was at once recognized as the result of circumscribed inflammation of the serous membrane, which was otherwise healthy. It was with some effort that a probe could be made to pass from the common duct into the duodenum, and there could be no doubt that the former had been impermeable to the passage of bile for a long time. Specimens of different sections of the liver were sent to Dr. Benj. S. Shaw, of Boston, who submitted them to microscopical examination, and confirmed the account given above. Pancreas of normal size, but softened almost to disintegration. Kidneys pale, but otherwise healthy. Spleen enlarged and softened, weighing two (2) pounds. On removing the calvaria and dura mater, the cavity of the arachnoid was found filled with coagulated blood and serum, eight (8) ounces each, spread uniformly over the

entire surface of the brain, which was otherwise healthy, though "moist."

From the history of this case, a valuable lesson may be drawn with reference to the amount of useless and sometimes positively injurious medication to which persons laboring under incurable chronic diseases are often subjected.

I would remark that the patient's urine was tested on several occasions, by the addition of sugar and sulphuric acid, to determine the presence or absence of the biliary acids, and that the reaction characteristic of the presence of these acids was obtained in every instance. As it is claimed that in jaundice this result may be taken as a sure indication that the jaundice is due to obstructed bile-ducts, the above fact is interesting.

SURGICAL CASES FROM THE RECORDS OF THE BOSTON DISPENSARY. SERVICE OF DR. CHEEVER.

Reported for the Boston Medical and Surgical Journal by F. G. MORRILL and R. C. GREENLEAF, Jr.

CASE I.—B. H., aged 3 weeks, was brought to the Surgeon's room with swelling and tenderness in the right groin, presenting the symptoms and appearances of a strangulated hernia, the vomiting alone being wanting. There had been no passage from the bowels for two days, the abdomen was swollen and tympanitic, and the child evidently was in great distress.

Examined under ether, the tumor felt like intestine. Notwithstanding these symptoms, as no testes were felt in the scrotum, the child was taken home, a fomentation applied, and the mother requested to bring it the next day, if there was no change for the better. She appeared accordingly, the child's symptoms being still more marked, slight vomiting having appeared, and increased swelling and pain in the groin. The child was again etherized, and an incision made over the tumor. On careful dissection, no bowel was found, but simply the descending testis with the attached gubernaculum, mesorchium, &c. There was no obstruction above the testis, and a director could be passed into the abdominal cavity. The wound was closed, a water dressing applied, and castor oil prescribed. On the next day the child was again seen, having had good passages from the bowels and great decrease of the abdominal swelling and pain. From this time he rapidly recovered.

This case is interesting from its great similarity to a case of strangulated hernia, both in internal and external symptoms.

CASE II.—Out of six cases of fractured clavicle, the only one worth mentioning was that of an infant in whom the fracture was caused by the violence of a female accoucheur.

CASE III.—Out of six fractures of the forearm, one was the rather

rare fracture of the olecranon process, in a boy 12 years old. This was treated in an extended position with a glue bandage. Excellent union took place in four weeks. Passive motion still continued.

CASE IV.—M. T., female, 19 years old. Dislocation downwards of head of humerus. The ease with which the bone slipped into and again out of position, showed extensive laceration of the capsule. The arm was kept at rest, with a pad in the axilla. She is gradually recovering motion and strength in the limb.

CASE V.—Out of a large number of felons (which all did well after free and early incisions), in one case alone had pus made its way from the palm under the annular ligament to the forearm, forming the so-called "saddle-shaped" constriction.

CASE VI.—D. R., aged 18, a youth of robust appearance. Lacerated wound of palm, involving the artery of the thumb, which had been ligatured on the previous day. The bleeding, however, was persistent from the whole surface of the wound, and various styptics and finally careful and long-continued pressure were tried without effect. This was a well-marked case of hæmorrhagic diathesis, and the patient was sent to the City Hospital, where he finally recovered.

CASE VII.—A female, aged 65. Epithelial cancer on the frontal bone over the left orbit—disease of about a year's standing. This was treated by daily applications of glacial acetic acid, which retarded and very slightly diminished the growth, serving merely as a palliative treatment. The cervical glands were already affected. The chloride of zinc was applied once, but produced such extensive sloughing, attended by hæmorrhage and followed by very exuberant granulations, that the acetic acid was resumed.

CASE VIII.—A female, aged 45. Scirrhus cancer of rectum. This woman was very much reduced by the disease, which externally formed a ridge of fungoid masses around the anus. The bowel was healthy for about three inches above the anus, at which point there existed another ring of induration, causing a well-marked stricture. Case not treated.

CASE IX.—A female, aged 50. Stricture of œsophagus, which, from its history and the appearance and age of the patient, was probably cancerous. She was gradually starving to death. Recommended to hospital.

CASE X.—A healthy boy, aged 4, appeared with retention of urine, bladder very much distended, and swelling of penis, with phymosis. He was etherized for examination, but when fairly asleep, a small calculus, which had been impacted at the meatus, was suddenly discharged, followed by a gush of urine. The bladder was then examined by the sound, but no more calculi were detected. In July last, he had presented similar symptoms, when a small calculus was removed from the urethra.

CASE XI.—A man, a currier by trade, had a poisoned wound from leather on the end of his finger, which took on a persistently un-

healthy action. Lymphatic inflammation was followed by numerous abscesses about the elbow, which were treated by poultices and incisions, with tonic constitutional remedies. He was discharged well in six weeks.

CASE XII.—An infant, 11 weeks old. Polypus nasi removed. This is an interesting case, from the extreme youth of the patient, the polypus having probably commenced its growth *in utero*.

CASES XIII. and XIV.—Both females, married, born in Ireland—one aged 40, the other 19. Both afflicted with bronchoceles, which had commenced their growth in this country. Neither would submit to an operation.

CASES XV. and XVI.—Both of syphilitic sarcocele. These steadily improved, being treated externally by mercurial ointment, and internally by the syrup of the iodide of iron and iodide of potassium.

CASES XVII., XVIII. and XIX.—In all three, suppuration and abscess had resulted from boring the lobes of the ears.

ON SOME OF THE EFFECTS OF BROMIDE OF POTASSIUM.

By WILLIAM OTIS JOHNSON, M.D.

[Communicated for the Boston Medical and Surgical Journal.]

SOME time during the past summer, I casually stated to the Editors of this JOURNAL that there had recently occurred, in several instances in my practice, some unusual symptoms immediately following the administration of medium doses of bromide of potassium. Up to that time, no similar observation had found its way into print; but the November number of the *Edinburgh Medical Journal* mentions an instance of temporary paralysis, and alludes to analogous symptoms from this medicine, as reported in the *Comptes Rendus* and *Centralblatt*. Meantime, in October last, I observed a fourth case, and herewith report them all.

CASE I.—Female, single, æt. 59. Hysteria and asomnia. Had frequently taken bromide of potassium in moderate doses (eight to ten grains), with satisfactory results; had gone through with the eruption. Kept a solution on hand to use *pro re nata*, herself the judge as to occasion and quantity. Reported to me one morning that on the evening before, after two or three repetitions of the above dose (under thirty grains in all), she had felt a strange sensation of sinking, tremor, and anxiety, with numbness in legs and forearms, lasting a few minutes and passing off gradually; no further effects, and no recurrence of these.

CASE II.—Male, æt. 28. Delirium tremens (epileptoid). All stimulus had been omitted for twelve hours, and the bromide substituted, one drachm in solution, of which one fourth was ordered every hour; the four doses were given, and were succeeded by quiet and repose of body and mind. At night, asomnia, restlessness and wan-

dering returned. Thirty grains were given in one dose. Within five minutes there were increased agitation, tremors, anxiety, hysterical dyspnoea, numbness in limbs, loss of power in forearms, and a general subjective sense of immobility. Cessation of symptoms after a few minutes, and a comparatively quiet night.

CASE III.—Female, æt. 49. Widowed twelve years. Irritable and swollen os uteri from over-cauterization, with the whole list of reflex or peripheral spinal symptoms. Had been taking for some time fifteen grains of bromide of potassium at night, and more when necessary; effects always good. Took it regularly, and had the eruption. One night, quite late, I was sent for, to hear the report that after taking the bromide in somewhat larger dose than usual, between 10 and 11 o'clock, she had been seized with vertigo (to which she was normally subject, however), great agitation, trembling, numbness up and down the spinal column, and other indescribable sensations in back, loss of power in forearms, and a general apprehension of impending dissolution. None of these symptoms, however, awaited my arrival, and although they were reported the next morning as having continued during the night, the result of close questioning did not sustain her impression to that effect, and I was satisfied that they had neither continued nor recurred.

CASE IV.—Male, æt. 40. Depression, asomnia, incertitude, irritability, insequence of thought. Had never taken bromide of potassium, nor used any narcotic or sedative. First dose at 8, P.M., fifteen grains; no result. Second at 9, thirty grains. A few minutes afterwards, the patient sprang up in bed, apparently frightened, agitated, trembling; said that his legs were immovable and his arms numb. A person in attendance fancied that a convulsion was at hand, and started for wine. Before it was ready, the symptoms had begun to subside; the stimulus was taken, however, and a quiet night, without sleep, followed. The patient was afraid to try the bromide again, but there was no further occasion for it in the case.

Now to these facts, I add:—

1. That they are the only instances in an employment of this drug extending over a period of six years, and to not less than a hundred cases.
2. That the symptoms in other instances have *not* followed very much larger doses.
3. That they never returned after once subsiding; nor was the remedy suspended in consequence of them, nor did they ever repeat themselves in the same individual.
4. That the phenomena reported attach to but a single point in observation, and are in too direct and apparently causative relation with that point to admit the suggestion of accident or coincidence.
5. And, finally, that they constitute, as here detailed, the only observation on this point as yet placed on permanent record.

CONTRIBUTIONS TO DERMATOLOGY.

[Continued from page 300.]

Ecthyma.

THIS affection of the skin is characterized by large and prominent pustules, generally but few in number, and having a hard base, with a dull-red areola. These pustules are models or types of the *phlyzacia* of Willan. They appear in successive crops on different parts of the body, but most frequently on the extremities, shoulders, and buttocks. They are usually discrete, although occasionally several arise in the immediate vicinity of each other and coalesce. When they reach their maturity they dry up into thick, brown and adhering scabs, which, when they are detached, leave behind them superficial cicatrices, or dark-red stains, which remain for several weeks.

Rupia approaches in all its leading features very nearly to *ecthyma*. Hardy considers the two eruptions as in reality but one, and his views are adopted by other dermatologists. Both eruptions spring from causes that induce an impoverished state of the blood, and consequently debility of the economy to a greater or less degree; and both pursue a similar course, and require similar treatment.

Ecthyma is usually partial and successive; in some instances general in its invasion. Sometimes it continues but ten or twelve days, at other times it endures for many months. Willan divided the affection into four varieties, according to the constitution and age of the patient, viz.: *ecthyma vulgare*, *ecthyma infantile*, *ecthyma luridum*, and *ecthyma cachecticum*. These four varieties, however, can with propriety be described under two types or forms, that is, *acute* and *chronic* *ecthyma*.

Acute ecthyma is most commonly developed upon the lower extremities, sometimes upon the arms, shoulders and neck; but rarely upon the face or scalp. It does not often give rise to very severe constitutional symptoms. The individual occasionally complains of slight febrile disturbance and sore throat for three or four days, while the pustules are being developed. These commence with a sense of pain, heat and burning in the part, followed by the appearance of small red points raised one or two lines above the surrounding skin, with hard indurated bases and well-marked and vivid areolæ. In three or four days purulent matter is formed, and the pustule varies in size from that of a pea to a marble at the base. When first formed they are like "blind boils." If the eruption is copious and is scattered over the limbs, shoulders, back and chest, as it is occasionally, a good deal of irritation is set up. The patient is deprived of rest; the neighboring glands and lymphatic vessels are inflamed and abscesses form. In aged people it frequently passes suddenly from its simplest type to a much severer form, and a gangrenous condition of the affected locality supervenes (*ecthyma*

gangrænosum). Sloughs form in the centre of the diseased mass very rapidly—an intractable ulcer is established, and the local disturbance soon involves the whole system and the patient dies suddenly. Sometimes the purulent deposit is removed by absorption, and the skin is restored to its natural condition after repeated desquamation.

In aged persons the pustules acquire larger dimensions than in the young. When the eruption appears upon the latter, the constitutional symptoms, sometimes by their intensity and the reaction which they excite, resemble the prodromata of the eruptive fevers or an outbreak of herpes; but these phenomena pass away as soon as the pain and burning sensation in the skin begin to subside.

On carefully examining the pustules of ecthyma, M. Rayer states that we recognize: 1. That in the first stage (red elevations) there is merely a sanguineous injection with a pyriform tumefaction of the epidermis; 2. That in the second there is deposited upon the summit of these elevations, rarely upon the whole surface, and under the epidermis, a certain quantity of purulent serum; 3. That in the third, which supervenes soon after, there is deposited a quasi-pseudomembranous substance in the centre of the elevation which is evidently perforated; 4. That after the escape of this matter and the removal of the epidermis the pustule appears in the form of a small cup-shaped cavity, surrounded by a hard and thick edge; 5. On the following days this thickened margin subsides, at the same time a slight cicatrix is formed beneath the crust, the centre of which is fixed within the point where the perforation was observed.

Chronic Ecthyma.—This variety of ecthyma is more frequently met with than the acute. The eruption appears in successive crops, and persons of a debile or cachectic habit are particularly liable to be its victims. It is confined to no age, although it is the form designated by Willan, *ecthyma infantile*. It is true that children who have been poorly nourished and confined in badly ventilated tenements, are very commonly sufferers from this affection; but no more so than aged people, and debilitated subjects. The pustules, like those of the acute form, vary in size; the crusts are dark; the ulceration is sanious and yields a foetid and unhealthy pus. If the complaint is developed in an ill-fed and weakly child, the patient is very apt to become hectic, and after struggling a few months against the malign influences of insufficient nourishment, an unhealthy atmosphere, and the slow but constantly advancing progress of the malady, it dies.

In elderly people and in those who have injured themselves by improper living, the pustules are generally numerous, and extremely slow in reaching maturity. They are of a very deep livid color; are surrounded by a great extent of diffuse inflammation, and contain a sanguinolent, curdy fluid, rather than pus which escapes from its confinement in ten or twelve days. The subcutaneous cellular tissue

is involved, and there is a good deal of febrile action. The eruption then bears a close resemblance to the bullæ of rupia.

All the sub-varieties mentioned by different writers, under the head of chronic ecthyma, are but different stages of one and the same disease.

The causes of the eruption are bad nursing, bad air, or any long-continued irritating applications to the skin; hence it is occasionally met with especially in children who have had scabies, and have been subjected to the external employment of sulphur and other harsh means of destroying the parasites. In adults, over-exertion, fatigue, privation, debility and certain occupations—as, for example, that of bricklayers, grocers, butchers—and excesses of various kinds, are all conducive to the occurrence of ecthyma. The eruption frequently follows smallpox, measles and scarlatina; and last, but not least, in the catalogue of causes, is *syphilis*, either hereditary or acquired.

The diagnosis of ecthyma rarely presents any difficulties. The large size, prominence, and hard base of the pustules and their isolation, are usually sufficient to distinguish them from the small, non-indurated, flattened pustules of impetigo which are superficial, more or less confluent, and yield a greater amount of viscid, purulent matter, and the incrustations produced by them are soft, thin, semi-transparent, honey-like, or yellowish.

The pustules of acne and sycosis sometimes resemble those of ecthyma, but in the latter there is always a much broader base and areola, while in the two former the hard tubercle-like elevations without areolæ distinguish them.

If the eruption arise from a syphilitic cause, it is usually of a more chronic character with a less marked areola or none at all; often a coppery stain is detected; the scab is very dark with circular markings, and there is generally a history to the case which clears up any doubt.

Although ecthyma of itself is not a dangerous malady, yet when viewed in connection with the impaired state of the constitution which is but too apparent in very many subjects, the prognosis is of a grave character.

Treatment of Ecthyma.—We have seen that the complaint is one of debility; our therapeutic treatment should consist therefore in the administration of remedies calculated to restore the enfeebled powers of the constitution; and all our local measures to the diseased surfaces must be of a tonic character. The first object of inquiry should have reference to the condition of the *primæ viæ*. The bowels should be moved by a mild purgative, and a free eliminative action be maintained in them. In all other respects our course should be essentially hygienic during the continuance of the affection. The patient should be removed from all enervating influences, and should have the important benefit of salubrious air, cleanliness and a generous diet. If the patient is an infant, a sufficient quantity

of good milk from a wet-nurse, or the cow, is the only nourishment that need be sought for it. This, together with the other means just mentioned for improving its physical condition, will, if the case is of trifling severity, be all that the child will require for its restoration. If any constitutional remedial agents shall be deemed necessary, the syrup of the iodide of iron in doses suited to the age, will be one of the best. The Fowler's arsenical solution to the amount of one or two drops each day, may also be administered in the wine of iron and simple syrup. If the general health of the child improves, little trouble or anxiety need be entertained in regard to the eruption, which will hardly fail to disappear in proportion to the improvement of the general health of the child.

If the malady is of a chronic type and is apparently due to a syphilitic cause, the bichloride of mercury is called for, and may be given with the two-fold object of acting as a tonic upon the system and of annihilating from it if possible the specific cause of the eruption. The iodide of potassium is also another ingredient which can be employed advantageously in the circumstances here supposed, and these circumstances, we are free to remark, occur quite often in the history of chronic ecthyma. Relapses frequently supervene in a few weeks or perhaps months after every vestige of the eruption has disappeared. The only course of procedure is to resume the former medication. It is a matter of encouragement to know that such renewal of attack is in most instances far less formidable than its predecessor, that is, if the general condition of the child has improved satisfactorily; otherwise the case may well inspire our gravest apprehensions.

If the patient is an adult he must be placed under the most auspicious influences for the promotion of his general health. He must lead a regular life as regards all his personal habits; be well supplied with the most nourishing food, of which milk stands pre-eminent in the list—his residence to be in a salubrious situation, and he should practise ablution every day in warm water, with carbonate of soda in it at the rate of three or four ounces to 25 or 30 gallons of water. Treated in this way the crusts will very soon be loosened or entirely cast off, so that the little atonic ulcers can be brought into a healthy condition by means of stimulating applications. Among these a saturated solution of the sulphate of copper is one of the most efficient. The surface of the ulcers should be touched with the solution once or twice every twenty-four hours, by means of a soft rag-mop. The acetate of lead ointment is a valuable article for topical use, likewise the benzoated oxide of zinc ointment of Bell. A saturated solution of nitrate of potash, applied three times a day, will promote their cure. In all cases of mild, acute ecthyma, the foregoing treatment is amply sufficient to bring the eruption rapidly to an end.

In the *chronic* variety additional measures are required. For internal use the mineral acids are important. The nitro-muriatic is

perhaps the best. It may be administered as in the subjoined prescription: *R* Acidi nitro-muriatici, ʒ iij.; infusionis quassiae, ʒ viij. M. Dose, one drachm three or four times a day, in half a gill of water.

The tincture of the muriate of iron is also an excellent tonic for persons of dilapidated constitutions from dissipated habits. Cod-liver oil is to be prescribed to nearly all cases, old or young, at the same time with any of the other ingredients mentioned.

The iodide of potassium is entitled to confidence, also, in this eruption, more especially if the patient is suffering from the venereal poison. He should, in fact, be treated as for constitutional syphilis.

The local treatment of the chronic variety of ecthyma is substantially the same as that pointed out under the head of acute ecthyma. In cases of uncommon obstinacy some additional topical dressings may be needed, as weak nitric oxide of mercury ointment, or the unguent. hydrarg. nitratis diluted with simple ointment.

[To be continued.]

Bibliographical Notices.

Observations on the Nature and Treatment of Polypus of the Ear. By EDWARD H. CLARKE, M.D.

THIS subject has received attention from all the various writers on aural diseases, but by most of them has been passed over in a very superficial manner. A few, however, have devoted to it more care and investigation, among whom may be mentioned in particular, Toynbee, who made quite an advance towards a satisfactory classification of aural polypi, though his terms are more picturesque than scientific.

The present monograph on non-malignant growths of the ear is divided into two portions, one containing the history, a tabulated statement and an analysis of the thirteen cases given, and the other the general considerations of the pathology and treatment. The treatment, which is clearly and thoroughly handled, does not differ materially from the generally received views on the subject; with the exception of the successful use of powerful styptics in one case, by hypodermic injection. The pathology is very fully entered into, and the classification of aural polypi according to their intimate structure, as fibrous or epithelial, is, we believe, the simplest and most definite yet proposed.

Several of the cases are classed as fibro-plastic. Lebert is the authority for this term, which represents a growth characterized by elongated or fibro-cells and many-nucleated corpuscles, and subsequently called *myeloid* by Paget. The latter states that all the aural polypi that he had "been able to examine appeared composed of rudimental fibro-cellular tissue," and this, rather than fibro-plastic, seems to be the structure of all but three of the cases presented in the monograph. The term *epithelial*, though suggestive of malignant growths, must be accepted, as it is descriptive of the chief portion of the tumors, so called. The bearing of the sex, age and general health of the patient

on the disease, and the position and etiology of the growth, are well treated.

The book concludes with a notice of fleshy excrescences of the meatus. It is written in a clear concise style, and covers the whole ground of the subject in a manner that will commend itself to every reader. It is printed on tinted paper, and has two plates of microscopic drawings very neatly executed. W.

Seventh Annual Report of the Officers of the Alabama Insane Hospital, at Tuscaloosa, October, 1867.

The late civil war commenced before the hospital building was completed, and put an end to all progress, for two reasons, viz.: want of funds which the State could not spare for improvements and repairs, and machinery which the South could not supply. During the past few years something has been done from time to time towards constructing and furnishing the house, until a considerable portion is ready for occupancy, at a cost, including grounds, &c., of \$250,000; and it is estimated to need \$20,000 more to put the whole structure in order for use.

The plans for the building were furnished by the Association of Medical Superintendents of American Hospitals for the Insane. It is built entirely of brick, and composed of a centre building four stories high, and wings three stories high, extending in a right line on either side, and subdivided into three sections, connected by cross halls, the whole measuring seven hundred and eighty-four feet in a straight line.

The centre building contains more than thirty rooms and a commodious chapel. The wings together contain eighteen separate halls, and over three hundred dormitories for the use of patients. Each hall has a dining room, parlor, bath room, drying room and water closet; and is intended to accommodate twenty patients.

It is proposed, eventually, to heat the whole building by radiation from steam pipes placed in the basement, and to ventilate it by one of Meigs's revolving fans driven by machinery.

The trustees report that a critical examination of all the affairs of the Institution, assures them of a wisely directed management the past year. An urgent appeal is made for appropriations to complete the hospital and prepare the whole for occupancy.

The Superintendent, Dr. Peter Bryce, reports the number of patients in the hospital, Oct. 1, 1866, as 74—44 men and 30 women. During the year there were admitted 77—46 men and 31 women; making a total of 151 under treatment. Of this number 13 were discharged *cured*—3 were *removed*, and 15 *died*; leaving in the hospital at the end of the year, 115—67 men and 48 women. Thus the figures state the numbers, but they leave five patients unaccounted for.

All the expenses of the hospital are paid by the State; so much of the poll tax as may be necessary being specifically reserved for the purpose, and applied at the end of every quarter. It is remarked, "that the specific direction thus given to a tax, hitherto viewed as arbitrary and odious, will do much to reconcile its exaction in the future, in view of the right it confers upon every tax payer to enjoy, if necessary, the privileges of the Institution." Under this regulation colored

people as poll-tax payers contribute to the support of the hospital, and consequently are entitled to its benefits. Of this class ten were admitted during the year. In regard to the admission of colored persons the Superintendent says, "I observe from the printed reports of other hospitals, that proper provision for this class of the insane is everywhere receiving a due consideration. Where these hospitals have been full, which is generally the case, separate buildings have been erected for their occupancy; and in all cases, so far as I am informed, a classification, distinct from the whites, has been made. This is unquestionably proper, and indeed necessary here, if good results are expected; and accordingly, a portion of the hospital, distinct from that occupied by the whites, has been assigned to them, and will be held exclusively for their use. As a class, negroes enjoy much greater immunity from mental derangement than the whites, and where the aberration is the result of disease, in contradistinction from congenital stupidity, their recovery is equally promising." Speaking of the propriety of placing patients under treatment as soon as possible after their attack, he says, "the feeling that insanity is an infirmity, which if not allied to disgrace, is at least as much to be concealed and deprecated, and that resort to a hospital is an admission of it not to be made as long as it can be avoided, seems to be the most prominent, and I infer from the opposition raised against it by medical men from every quarter, that it is the most prevalent cause of delay." The absence of facilities for travel, and remoteness from railroads and principal places, are mentioned as equally detrimental to early admissions, and especially of acute cases.

The recoveries have been thirty-one per cent., in proportion to the admissions, which, in view of the large number of chronic cases admitted, is considered highly satisfactory.

The report takes up various points relating to insanity—its causes, effects, treatment, &c.; and discusses them in a thorough and able manner, well calculated to give the people correct views concerning this unfortunate class and the best mode of administering to their wants.

C. K. B.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON: THURSDAY, JANUARY 16, 1868.

"GYNÆCOLOGY."

FROM a sharp editorial in the November issue of the *Saint Louis Medical and Surgical Journal*, we make the following extracts:—

We had thought that to cut out the clitoris, and to split open the neck of the womb, and cut out the entire womb, were operations *hardly* ever to be performed—*hardly* ever justifiable. When we read of I. Baker Brown and his raid on the clitoris, scattering clitorides about the floors of his hospitals like bits of meat in the shambles—when we heard of Sims, and others, who were slitting open the wombs of young and old at the rate of some forty or fifty a year, we were shocked and startled, and thought of looking into the subject. Perhaps we have not,

even at this date, looked very far into it; but so far as we have looked we simply record. We had taken up the idea that Prof. Bedford, of New York, whose works on *Gynæcology* are well known wherever the English language is spoken, and which have been translated into foreign languages, might know something of the subject, so we ventured to write him a letter, asking him how often he had found it necessary or even advisable to perform these two great operations, *clitoridectomy* and *hysterotomy*. Prof. Bedford replied in a full letter, from which we make the following extract:—"I beg leave to state that I have never made a section of the neck of the uterus but in two instances, in which there was an imperforate *os tinæ*, and the women were both pregnant. In both of these cases I performed the operation of vaginal hysterotomy, and was fortunate enough to save both the mothers and children. These cases have been fully reported in the third edition of my *Principles and Practice of Obstetrics*, pp. 644, 651. I have never excised the clitoris for the reason that I have never, either in my own practice or consultation, found it necessary. I am not afraid of the knife, my dear doctor, nor do I shrink from responsibility when good and justifiable motives call for action. But I think the time has come for medical men to pause and reflect. We do too much for suffering women. We but add to her pangs, both moral and physical, doing too much. What a martyr to our action! And now the clitoris! The future of its torture is just commencing. Would that some voice more potent than mine could be heard in behalf of these martyrs to officiousness on the part of practitioners who falsely imagine every womb and clitoris are in absolute need of the speculum, the nitras argenti, and a bistoury." We stop our quotation from Dr. Bedford. He is strong enough against the modern meddling with women's wombs without quoting him to the end of his letter, of which the last sentence is just this:—"This is, verily, the age of woman's suffering." * * * * We wrote to Hodge, of Philadelphia. Sure, Hodge will know something. Hugh L. Hodge! Well, we got a letter from Hodge. He says:—"I can perceive no philosophical foundation for either of the operations (*clitoridectomy* or cutting open the neck of the womb), and therefore have never resorted to them."

Thinking that uterine disease might be a sort of epidemic about St. Louis, we addressed a letter to Dr. Boisliniere, who has devoted a great deal of attention to female diseases. The letter contained only the two questions, "How often have you performed *clitoridectomy*, or *hysterotomy*?" Here is his answer, which we publish in full, as it is nearer home:—

"DEAR SIR,—In answer to your questions, I will say that, in the course of a practice of upwards of ten years devoted to the diseases of women, I saw only three cases in which the section of the neck of the womb was imperiously required on account of extreme flexion of the cervix. I never did, nor believe I ever shall, perform the operation of *clitoridectomy*.
BOISLINIERE."

Now, physicians must reason about this matter. Let us look at it very calmly. Here are some rather young dapper fellows, not much smarter or more honest than men in general ought to be, who pretend to have found from forty to fifty cases in a year of female disease in which it was advisable to cut open the neck of the womb! and this does not happen in our biggest towns, whilst two of the greatest authors on the subject of diseases of women—the oracles, as it were, of New York and Philadelphia—condemn the operation *in toto*. Where is the truth? Is it possible that these lads have found out what Bedford and Hodge and Boisliniere never dreamt of?

We find in the above a timely warning to us all to make haste slowly in the matter of using the knife upon the uterus. There is a fascination to some in cutting; and especially in the descriptions now current in letter-press, diagram and colored delineation, of operations done on the womb, and of the deformities removed or changed thereby. The mechanism set forth is attractive, the manual skill and the amount of risk incurred invite enterprise, and the beneficial effects claimed are so prompt and radical as to entice the unwary at least from slower and

less striking methods of treatment. A dashing surgical operation throws into the shade the laborious management and patient waiting which have been the practice of the conservative and tentatively cautious. We fear that the various forms of hysterotomy are too much used, and are likely to be more so, to the eventual discredit of the uterine branch of surgery.

We by no means intend to intimate that the division of the neck of womb is never proper or called for. Of course hospitals and clinics for the special treatment of diseases peculiar to females, and also practitioners of extensive reputation in the above-mentioned surgical specialty, have brought to them every variety of case, and particularly the most exaggerated abnormalities. Thus, the greater part of the instances which warrant extraordinary interference may fall to the lot of a few. But, we cannot help thinking that the operative procedures in question, now so heralded on both sides of the Atlantic, should be reserved for the extreme cases—should be *extraordinary*—instead of being made the key to unlock uterine pathology. They should not be set up as the remedy for all but every disorder of the womb.

But, as to the precise value of hysterotomy, and its position relatively to other uterine treatment, we hardly see how it can be philosophically ranged, at present, or until those who practise it can find time to report all their cases, whether of successful or unsuccessful operation, or of the employment of other remedial measures.

To take the cases as they occur in private practice, we do not hesitate to say that the great bulk of the lesions which show themselves through the speculum uteri are forms of inflammation, congestion, and their results in the shape of hypertrophy, &c. The term ulceration has been repeatedly shown to be rarely applicable to any appearance on the womb, though abrasions are very common, as probably a frequent effect of abnormal secretions. Beyond the addition of chromic acid and glycerine as applications, we doubt if any material and valuable addition has been made to our means of treating those affections since the publication of Dr. Henry Bennet's larger work on Inflammation of the Uterus. And the judicious use of caustics and astringents, patiently persevered in, together with a proper regimen and medication addressed to the general system, we have found to be as successful as they were promised by Dr. Bennet, and as much so now as they ever were. We are not aware of any "change of type" which has impaired their efficiency.

It cannot be too often repeated that, as we have formerly pointed out, the caustic potash, rashly employed, has been productive of much harm, in contracting and even closing the os tincæ. Used alone as an application to the exterior, even, of the cervix, it diliquesces rapidly, and, without great care, is liable to spread, and glue together a large portion or the whole of the os. Combined with lime, it limits itself more closely to the spot with which it is brought in contact; but, though thus combined, it should be closely watched during its application, while all its *débris* should be neutralized before the speculum is withdrawn. It should rarely, if ever, be used to eat away the diseased part, but should be employed as an issue to set up a discutient action. With this and the actual cauterization as resolvents of hypertrophy, and with the milder caustics and various astringents, heretofore fully described, together with other adjuvant measures, we are as completely prepared to encounter the more frequent of the ills that the matrix is heir to as though no hysterotomy had ever been invented.

Contractions of the cervical canal are relieved by dilatation; as, for instance, with a series of graduated metallic dilators. If liable to recur, we see no harm in repeating the dilatation. When the contraction is below the os internum, a radical cure may be effected, and perhaps with little risk, by dividing the constricted portion, and the hysterotome thus brought into legitimate use.

Displacements, we are confident, will be found to be among the less frequent of the uterine ailments to be met with in ordinary practice; and the most common form of displacement, we think, is prolapsus. The remedy for prolapse, which is at once the most rational theoretically and the most radical practically, is the removal of its cause, which we believe to be chiefly enlargement, whether that enlargement be congestive, inflammatory, or hypertrophic; the hypertrophy being often traceable to antecedent congestion or inflammation, or to both. For temporary alleviation, during the treatment of the enlargement, and for intractable cases, we do not discard pessaries—extra-uterine; the form of instrument which has more often answered best in our hands being the ring pessary of Meigs. We do not object, however, to the varieties of this artificial support to be found at the instrument maker's, since different cases require different appliances. For instance, to a patient in the last stage of consumption, we were obliged to give a huge structure of gutta percha, with a perineal strap and a girdle. This was requisite to prevent her from coughing out the womb, so to speak, and afforded immense relief, till death ended all her bodily sufferings.

The question of the best management of the uterus, when deviated from its normal inclination, is a difficult one, though, as to flexions, the hysterotomists would seem to be for having it pretty much their own way, at present. There is more than one important point to be considered before deciding on the course to pursue. If hysterotomy be contemplated in a case of flexion, we are to inquire, first of all, what are the risks of the operation? If division of the cervix, with or without dilatation of the os internum, be sufficient to give free egress to the contents of the upper cavity of the uterus, and ingress to whatever it may be desirable should enter there, we should not be startled at the idea of trying it. But, we confess that the cutting through of the internal os has an ugly look to us, even on paper; and the statement that the uterus is liable to be thinned at the point of flexion would enhance our hesitation to advocate the operation.

Next in order we have to ask what are the chances of permanent success in the latest form of hysterotomy? Upon this point we are as yet only on the threshold of investigation. But, suppose this and the preceding question settled, we are to interrogate the patient as to the severity of her sufferings or inconveniences. Do they demand interference with the lesion? Is the system becoming used to its existence? If it be sterility which it is sought to remove, of how much importance is that condition in each particular case?

For the treatment of uterine deviations, with or without flexion, the intra-uterine stem-pessary was, some fifteen years ago, proposed by Prof. Simpson. Kiwisch pronounced the modified form of the instrument adopted by him "unbearable" by his patients. In France, though strongly advocated by Valleix, the invention did not gain general favor. In this country it attracted attention for a time; but for several years, less has been heard of it. For ourselves, we had almost said it should not be trusted out of the hands of Sir J. Y. Simpson; but will content ourselves with assuming that its use should be restricted to the

most cautious and skilful hands. In like manner, hysterotomy, devised by the same fertile brain for contraction of the cervix uteri, but now carried far beyond the domain originally proposed for it by its distinguished author, is on its trial. It remains to be seen what its fate is to be.

We have put the term "gynæcology" at the head of these remarks, using it in the special sense to which it has been of late perverted, but not forgetting that other organs than the womb are the seat of "diseases peculiar to females." We would remark, in conclusion, for the benefit of whom it may concern, that the region, now-a-days so freely manipulated by so-called gynæcologists, represents what it was formerly conventional to consider the private parts. We should not be sorry to see this antiquated conventionalism in some measure rejuvenated; and the pendulum of medical ideas oscillate back to the point that lesions of the female genital organs are sometimes but the local expression of disorder of the general health.

"Our Catarrhal Holiday" Abolished!—In our issue of April 11th, 1867, were a few words with the above heading, and which were to the effect "that this is the time to consider whether we desire to see those misguided *paper wreaths and blue noses* whistling in the inclement blasts of Boston Common on the first of May; a day of conventional and inhuman enjoyment, on which, as Sydney Smith would have said, A decides that B shall agree to enjoy seeing the child C shivering in a white cotton frock and paper flowers." The persistent protests of our profession against the pernicious folly of playing summer in cold weather have culminated in the vote of the School Committee, last week, striking out, after full discussion, the first of May from the list of holidays. The School Board have thus manifested a wisdom in the economy of public health, parallel to that of a co-ordinate branch of the City Government in the economy of the public funds, as manifested in the rejection of the insane scheme of the monster lunatic asylum. The latter result, also, is due chiefly to the influence of one of our profession.

Chloromethyle.—Dr. Richardson, of London—the inventor of the "spray-producer"—is engaged in the experimental employment of a new anæsthetic—the bichloride of methylene, or "chloromethyle," as Mr. Spencer Wells calls it. Dr. R. claims that the new agent produces insensibility as profound as, but much more rapid than chloroform, and exempt from the dangers and inconveniences of the latter. This result is obtained from experiments on pigeons, and from its use in four cases of ovariectomy by Mr. Spencer Wells, in which operations narcotism was prolonged from thirty-five to forty-five minutes.

Arrest of Development in the Fætus.—Dr. Warring Curran is quoted by Dr. Simplicio, in the *Union Médicale*, as relating the case of a lady, who, when at the sixth month of pregnancy, was walking in a field, and was shown a frog by a young man. The youth made as though he were about to throw the reptile at her; and at the moment she was exclaiming to him not to do it, she received the batrachian full in her face. Feeling as if she had been struck upon the stomach, she sunk upon the ground. From that time, as she said, she was never well; and was always impressed with the idea that her offspring would resemble a frog. She was delivered, at the full term, of a monster which, in the conform-

ation of its head, neck and shoulders, presented a striking resemblance to a frog, as such monsters usually do. The amniotic liquid was remarkably abundant.

"This last circumstance," says Dr. Simplice, "is quite natural—frogs require water."

Case of Perforation of the Intestine by Ascarides Lumbricoides.—A woman, aged 34, had a *strangulated* crural hernia. M. Patry, as reported in the *Union Médicale*, having opened the sac of the hernia, found in its cavity a living lumbricus. A second lumbricus was engaged in a perforation of the hernia, in such a manner that a third of its length had passed into the cavity of the sac, the other two thirds remaining in the intestine. M. Patry withdrew it from the grasp of the intestinal fibres by using force. The orifice then became sensibly diminished in calibre. It was said to be evident that the perforation was due neither to ulceration, nor softening, nor to a gangrenous eschar; but that it was produced by the worm, which separated the fibres of the intestinal tunics in order to pass from the cavity of the intestine into that of the sac. The intestine having been accidentally wounded with the bistoury, a severe peritonitis set in, which, however, terminated in resolution.

Changes in the Staff of the Paris Hospitals.—We learn from the journal just quoted, that the resignation of Dr. Vernois and the death of Dr. Bouley will bring about the following changes in the medical corps of the Paris hospitals:—Dr. Léger passes from *Bicêtre* to *l'Hotel-Dieu*; Dr. Woillez from *Cochin* to *Necker*; Dr. Chauffaud from *la Maison de Santé* to *Cochin*; Dr. Jaccoud from *Saint Antoine* to *la Maison de Santé*; Dr. Bucquoy from the *Enfants-Malades* to *Saint Antoine*; Dr. Luys from *Lourcine* to *Bicêtre*; Dr. Fournier from the *Direction des nourrices* to *Lourcine*; Dr. Guyot from *Laroche-foucault* to the *Enfants-Malades*. Dr. Jules Simon, physician of the central *Bureau*, is appointed physician to the *Direction des nourrices*; and Dr. Siredey, also physician of the central *Bureau*, is appointed physician to *Laroche-foucault*.

The changes in the surgical staff of the hospitals in Paris, in consequence of the appointment of Prof. Jarjavay to the chair of Clinical Surgery at the hospital *des Cliniques*, and of that of Prof. Richet to the Chair of Clinical Surgery at the hospital *de la Pitié*, are as follows:—M. Voillemier passes from *la Pitié* to *l'Hotel-Dieu*; M. Broca from *Saint Antoine* to *la Pitié*; M. Dolbeau from *Cochin* to *Beaujon*; M. Le Fort from the *Midi* to *Cochin*; M. Panas from the *Midi* to *Saint Antoine*; M. Tillaux from the *Bicêtre* to *Saint Antoine*; M. Labbé from *Salpêtrière* to the *Midi*; M. Liégeois from the *Lourcine* to the *Midi*; M. Péan from the *Enfants-assistés* to *Salpêtrière*. From the *Bureau central* are appointed M. Guéniot, surgeon of *Lourcine*; M. See, surgeon of *Bicêtre*; M. Cruveilhier, surgeon of the hospital *des Enfants-assistés*.

The successors of MM. Velpeau and Nélaton are MM. Gosselin and Jarjavay.

M. OULMONT is reported, in the *Union Médicale*, as having compared the veratrum album of Europe with the veratrum viride of this country. The two varieties, he says, differ only in a few botanical and pharmacological characters, and the action of the veratrum album upon the various functions and on divers animals

is the same as that of the *veratrum viride*. The former has, however, a more violent action upon the alimentary canal, where it always leaves traces of active inflammation. The killing power of the *veratrum album* is twice that of the *V. viride*.

Comparing the physiological action of *veratrine* with that of *veratrum viride*, M. Oulmont concludes that the alkaloid, which enters, in a notable proportion, into the composition of the *veratrum*, is not the active principle; and his conclusion is confirmed by an experiment made upon a rabbit with *veratrum viride* deprived of its *veratrine*. The phenomena were the same as those produced by the *veratrum viride* pure and entire.

Poisonous Cards.—We call attention to the following letter from Albert E. Ebert, dated Munich, Bavaria, Nov. 24th, 1867, to the Editor of the *American Journal of Pharmacy*:—

A novelty in way of a visiting card appeared in the States during the early part of the present year (1867), which from its resemblance to *Mother of Pearl*, by its crystallized surface, was much admired, and was largely used. This same curiosity has of late been introduced in this city, and I am informed by a dealer that the demand is greater than the supply. Several days ago one of these crystallized cards was brought to the laboratory by the Medical Director of the Sanitary Department of Munich, requesting Prof. Wittstein to give his opinion in relation to the composition of the crystallized surface. The professor, after applying the necessary tests, pronounced it a soluble salt of lead.

A quantitative examination which I made of such a card, $2\frac{1}{2}$ inches wide, and 4 inches long, weighing $33\frac{1}{2}$ grains, yielded as its crystallized coating 6.6015 grains of Acetate of Lead. The consideration which prompted me in addressing you on this subject, it not being, strictly speaking, of Pharmaceutical interest, was to call attention to a matter of more consequence than may at first sight appear. The public not being acquainted with the poisonous properties of these cards, will not be on their guard in preventing their being chewed or eaten by small children, to whom the *sweet taste* (of the lead salt) and the crystallized appearance will form an attraction, thereby producing obscure cases of illness and poisoning. The inventors of such deleterious articles deserve, if not punishment, public censure for thus placing the health of human beings in jeopardy. The manufacture and sale of these cards in this city has been forbidden by law.

Methylic Alcohol. By Dr. B. W. RICHARDSON, F.R.S.—With regard to alcoholic fluids, he observed that the physiological law was that the period of time required by these bodies to produce their effects, and the period of time required for recovery, turned altogether on the boiling point of the fluid used. This was so certain that when the boiling point of one fluid and its action were known, the action of other fluids might be predicted from their boiling point. The explanation was simple. The alcohols taken into the body did not enter into any combination which changed their composition, but passed out of the body, chemically, as they entered it, and their evolution, and the time of their evolution, was the mere matter of so much expenditure of force, caloric, to raise them and carry them off. He had tested this, and found that intoxicated animals recovered more or less quickly according to the temperature in which they were placed—those in the higher degree returning the sooner to their normal condition. The practical lessons were, that in alcoholic poisoning of the human subject the most important condition for recovery was a high temperature.

Administration and Effect of the Ergot of the Rye on the Pregnant Female and her Offspring. By CHAS. H. JONES, M.D.—Acting thus powerfully on the

uterus as an expulsive agent, does it produce any effect on the child? This is a question of great interest and importance, involving, as it does, consequences not only of professional, but also of a moral nature. In view of its peculiar action upon the impregnated uterus, I am inclined to the opinion that it often destroys the life of the child, and that a great number of still-born children can be directly traced to its indiscriminate use. These are my convictions, and I shall state the reason of my faith, and the evidence upon which it rests. Labor is a physiological process, and as the laws of nature are never without purpose, is it not reasonable to conclude that the designs in making the pains of labor regular and intermittent, were not only to give complete repose to the mother, and thus enable her to regain her strength, but also to relieve the child from the effects of pressure resulting from the expulsive contractions of the uterus? When these contractions have been excited by the use of ergot, the pressure is much greater than in ordinary labor; it is more direct, it is continuous and unremitting. No relaxation of the uterine fibres takes place as long as the influences of the drug continue. A continuation of these contractions may cause an early detachment of the placenta before the birth of the child, and thus interrupt its circulation.

Prof. Huston, in the *North American Medical and Surgical Journal*, 1829, says:—"My own experience with the article convinces me that it is a most dangerous and destructive drug. The children were stillborn in a proportion shocking to my feelings. In the city of Philadelphia, where it is so much praised by so many distinguished men, this item in the bills of mortality has become so glaring as to attract the notice of the editor of one of our daily papers."—*Philadelphia Medical and Surgical Reporter*.

DR. LOMBARD, of this city, has found many of the clinical thermometers, which he has tested, to be incorrect.

THE Wisconsin State Hospital for the Insane has been enlarged, at an expense of \$98,000, by the addition of one longitudinal and one transverse wing on each side of the main building—thus doubling the capacity of the Hospital, and furnishing accommodations for three hundred and fifty patients.

The Missouri State Medical Society has been re-organized. A meeting for that purpose was held at St. Louis, Dec. 10, which was well attended, and officers for the year were chosen.

VITAL STATISTICS OF BOSTON.

FOR THE WEEK ENDING SATURDAY, JANUARY 11th, 1868.

DEATHS.

	Males.	Females.	Total.
Deaths during the week	53	50	103
Ave. mortality of corresponding weeks for ten years, 1856—1866	42.8	40.1	82.9
Average corrected to increased population	00	00	91.32
Deaths of persons above 90	0	1	1

PAMPHLETS RECEIVED.—Report of Prof. Joseph Henry, Secretary of the Smithsonian Institution, Washington, D. C.—Report of the Trustees and Superintendent of the Wisconsin State Hospital for the Insane.

DEATHS IN BOSTON for the week ending Saturday noon, Jan. 11th, 103. Males, 53—Females, 50. Abscess, 1—accident, 1—apoplexy, 5—congestion of the brain, 3—disease of the brain, 4—bronchitis, 5—cholera morbus, 1—consumption, 17—convulsions, 1—croup, 5—debility, 1—diphtheria, 4—dropsy, 1—dropsy of the brain, 2—erysipelas, 1—scarlet fever, 8—typhoid fever, 2—gastritis, 2—disease of the heart, 1—infantile disease, 5—disease of the kidneys, 2—congestion of the lungs, 2—inflammation of the lungs, 8—marasmus, 2—measles, 2—old age, 3—paralysis, 1—phlebitis, 1—pleurisy, 1—prostatitis, 1—puerperal disease, 3—syphilis, 1—tonsillitis, 1—unknown, 5.

Under 5 years of age, 43—between 5 and 20 years, 17—between 20 and 40 years, 18—between 40 and 60 years, 12—above 60 years, 13. Born in the United States, 71—Ireland, 23—other places, 9.